

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 01/25/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION POC#2		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445266		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - REAR BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED R 01/03/2018	
NAME OF PROVIDER OR SUPPLIER HARTSVILLE CONVALESCENT CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 649 MCMURRY BLVD HARTSVILLE, TN 37074			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{K 324} SS=D	<p>Cooking Facilities CFR(s): NFPA 101</p> <p>Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless:</p> <ul style="list-style-type: none"> * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. <p>Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.</p> <p>18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>This REQUIREMENT is not met as evidenced by: Based on document review and interview, the facility failed to protect the cooking facilities.</p> <p>The findings included:</p> <p>1. Document review on 11/13/2017 at 10:09 AM, revealed the Select Security fire alarm inspection report dated 10/06/2017 showed the hood suppression system was not interconnected with</p>			{K 324}	<p>K 324</p> <ul style="list-style-type: none"> *Residential cooking equipment is used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 *cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or *cooking facilities in smoke compartments with 30 or fewer patient comply with conditions under 18.3.2.5.4, 19.3.2.5.4 <p>The hood suppression system will interconnect with the fire alarm system by</p> <p>The QAPI/QA committees will monitor the Contract services that will install/complete the hood suppression system.</p> <p>The QAPI/QA committee will meet with the Maintenance director for 1 quarter to ensure the suppression system has been installed and is operational as it should be.</p>		3-9-18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Deborah Gentry**ANNA*

2-28-18

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{K 324}	Continued From page 1 the fire alarm. NFPA 101, 19.3.2.5.1 (2012 Edition) NFPA 96, 10.6.2 (2011 Edition) 2. Document review and interview with the administrator on 01/03/2018 at 9:15 AM, revealed the hood suppression was not interconnected to the fire alarm system. NFPA 101, 19.3.2.5.1 (2012 Edition) NFPA 96, 10.6.2 (2011 Edition) The administrator was present when these deficiencies were identified and they were acknowledged by the administrator during the exit conference on 01/03/2018.	{K 324}			
{K 345} SS=D	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on document review and interview, the facility failed to maintain the fire alarm. The findings included: 1. Document on 11/13/2017 at 10:08 AM, revealed the facility failed to provide documentation that all smoke detectors had been sensitivity tested every other year. NFPA 101, 19.3.2.5.3(11) (2012 Edition) NFPA 72, 14.4.5.3.2 (2010 Edition)	{K 345}	K 345 A fire alarm system is tested & maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance & testing are readily available. A contract has been completed that adds addressable manual pull stations & addressable smoke detectors through out the building as required. These installations will be completed The QAPI/QA committee will monitor the Contract services that will install/complete the installation of the addressable pull stations & addressable smoke detector The QAPI/QA committee will meet with the maintenance director for 1 quarter to ensure the addressable devices are working appropriately. The maintenance director will add the ever-other year sensitivity test to his check list to ensure the sensitivity test is conducted timely & as required.		

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45th day

70th day 74-9306

2 / 12

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12-30-17

1-24-18

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RECEIVED MAR 15 2018

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